

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000305

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 34

STATE FILE NUMBER

VS 300
Rev. 4/59

10109

2515

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>WARRENSBURG</u>	
Length of stay in 1b <u>5 DAYS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Univ. of Mo Med Center</u>		d. STREET ADDRESS (If outside, give location) <u>131 WATER</u>	
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>John</u> Last <u>Webb</u>		4. DATE OF DEATH Month <u>JANUARY</u> Day <u>10</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-13-02</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Alone Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ENOW, Missouri</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Riley Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Isabel Proctor</u>	
14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Univ. of Mo Med Recd. Columbia Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>hypovolemic shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Gastrointestinal Hemorrhage</u> DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>4</u> a.m. <u>45</u> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1-5-63</u> to <u>1-10-63</u> and last saw her alive on <u>1-10-63</u> Death occurred at <u>4 45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Leland Palmer MD</u>		22b. ADDRESS <u>4 mm c Columbia Mo</u>	
22c. DATE SIGNED <u>1-10-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>1-13-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>VERSAILLES, MO.</u>		24. FUNERAL DIRECTOR ADDRESS <u>KIDWELL FUNERAL HOME VERSAILLES, MO.</u>	
25. DATE RECD. BY LOCAL REG. <u>JAN 16 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond C. Stocker

Licensed Embalmer No. 4626

P. O. Address Kenilworth, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.